TO ALL PARTICIPANTS
BENEFIT MODIFICATIONS EFFECTIVE MAY 1, 2009

This is an announcement of a material modification to the United Teamster Fund.

The primary problem in health care is one of cost. As we all know, huge increases to health care costs every year have been a nationwide problem. This Fund has provided millions of dollars in benefits to its participants over the years.

As a result of spiraling costs, in order to continue to provide health and welfare benefits that will protect our participants and their families, the Trustees made adjustments to the benefits. We believe these changes will provide the coverage that addresses our participants' concerns.

Attached is a summary of the changes.

Please read them carefully and call the Fund Office if you have any questions.

Thank you for your attention.

Sincerely,

Board of Trustees

UNITED TEAMSTER FUND
MAY 1, 2009 BENEFITS

ELIGIBLE SERVICES AND SUPPLIES	IN-NETWORK Prior to May 1, 2009	IN-NETWORK After May 1, 2009
Adult Preventative	$20 copay; then 20% coinsurance	$25 copay
Infant and Pediatric Preventative Care	$20 copay; then 20% coinsurance	$25 copay
Primary Care Office Visits	$20 copay; then 20% coinsurance	$25 copay
Specialist Office Visits	$30 copay for initial visit; then 20% coinsurance; $20 copay for follow up visit	$40 copay
PreNatal-Post Natal Maternity Care (Physician's Charges)	20% coinsurance	$25 copay for initial visit
Allergy Care	$20 copay; then 20% coinsurance	$40 copay
Chiropractic Care	$20 copay; then 20% coinsurance; up to $1,000 per year*	$40 copay; up to $1,000 per year*
Outpatient Facility Surgery	20% coinsurance; up to $3000	$100 copay; 20% coinsurance; up to $3,000
Laboratory Services	$20 copay; then 20% coinsurance	$25 copay
MRIs, MRAs, PET ScanCAT Scan, Ultrasound, and Radiology	$10 copay; then 20% coinsurance	20% coinsurance
Physician's and Surgeon's Services (in-hospital)	20% coinsurance	Deductible and 20% coinsurance
InPatient Hospital	100%; after $500 copay per admission	Deductible and 20% coinsurance
Ambulance Service	Covered up to $500	Deductible and 20% coinsurance
Hospital Emergency Room	$100 copay, waived if admitted	$100 copay, waived if admitted
Emergency Room Physician	20% coinsurance	20% coinsurance
Emergency Care in Urgi-Care		$40 copay

* The year is May 1st to April 30th

UNITED TEAMSTER FUND
MAY 1, 2009 BENEFITS

ELIGIBLE SERVICES AND SUPPLIES	IN-NETWORK Prior to May 1, 2009	IN-NETWORK After May 1, 2009
Skilled Nursing Care	100%; up to 30 days per year*	Deductible and 20% coinsurance; up to 30 days per year*
Hospice Care – Inpatient or Outpatient	20% coinsurance; up to 210 days per lifetime	Deductible and 20% coinsurance
Hospice Care – Home	20% coinsurance; up to 210 days per lifetime	20% coinsurance
Home Health Care (with discharge)	20% coinsurance; up to 60 visits per year*	20% coinsurance; up to 40 visits per year*
Home Health Care (without discharge)	$50 copay; then 20% coinsurance; up to 60 visits per year*	$50 copay; then 20% coinsurance; up to 40 visits per year*
Short-Term Rehab-Inpatient	20% coinsurance	Deductible and 20% coinsurance; up to 30 days per year*
Short-Term Rehab-Outpatient	20% coinsurance	$40 copay; limited to 60 visits per year*
Durable Medical Equipment	$20 copay; then 20% coinsurance	Deductible and 20% coinsurance
Elective Termination of Pregnancy	$20 copay; then 20% coinsurance	$40 copay

DEDUCTIBLES AND COINSURANCE

Annual Deductibles	None	$1,000/Single; $2,000/Family
Coinsurance (Amount Member Pays)	20%	20%
Annual Maximum Out of Pocket For any plan year you will not pay more than:	N/A	$3,000/Single; $6,000/Family; including deductible
Annual Benefit Period Maximums	N/A	$500,000
Lifetime Maximums	$250,000 per lifetime	N/A- Eliminated

* The year is May 1st to April 30th

UNITED TEAMSTER FUND
MAY 1, 2009 BENEFITS

ELIGIBLE SERVICES AND SUPPLIES	*OUT OF NETWORK Prior to May 1, 2009*	*OUT OF NETWORK After May 1, 2009*
Adult Preventative	$500 Deductible and 20% of Magnacare Allowance	Not Covered
Infant and Pediatric Preventative Care	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Primary Care Office Visits	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Specialist Office Visits	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
PreNatal-Post Natal Maternity Care (Physician's Charges)	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Allergy Care	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Chiropractic Care	$500 Deductible and 20% of Magnacare Allowance; $1,000 per year*	Deductable and 40% of Magnacare Allowance; $1,000 per year*
Outpatient Facility Surgery	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Laboratory Services	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
MRIs, MRAs, PET ScanCAT Scan, Ultrasound, and Radiology	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Physician's and Surgeon's Services (in-hospital)	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
InPatient Hospital	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Ambulance Service	Covered up to $500	Deductible and 40% of Magnacare Allowance
Hospital Emergency Room	$100 copay, waived if admitted	$100 copay, waived if admitted
Emergency Room Physician	20% of Magnacare Allowance	20% of Magnacare Allowance
Emergency Care in Urgi-Care*		Deductible and 40% of Magnacare Allowance

* The year is May 1st to April 30th

UNITED TEAMSTER FUND
MAY 1, 2009 BENEFITS

ELIGIBLE SERVICES AND SUPPLIES	*OUT OF NETWORK Prior to May 1, 2009*	*OUT OF NETWORK After May 1, 2009*
Skilled Nursing Care	20% of Magnacare Allowance; up to 30 days per year*	Deductible and 40% of Magnacare Allowance; up to 30 days per year*
Hospice Care – Inpatient or Outpatient	$500 Deductible and 20% of Magnacare Allowance; up to 210 days per lifetime	Deductible and 40% of Magnacare Allowance; up to 210 days per lifetime
Hospice Care – Home	$500 Deductible and 20% of Magnacare Allowance; up to 210 days per lifetime	Deductible and 40% of Magnacare Allowance; up to 210 days per lifetime
Home Health Care (with discharge)	$500 Deductible and 20% of Magnacare Allowance; up to 60 visits per year*	Deductible and 40% of Magnacare Allowance; up to 60 visits per year*
Home Health Care (without discharge)	$500 Deductible; then 20% of Magnacare Allowance; up to 60 visits per year*	$50 copay; then 40% of Magnacare Allowance; up to 60 visits per year*
Short-Term Rehab-Inpatient	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Short-Term Rehab-Outpatient	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Durable Medical Equipment	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance
Elective Termination of Pregnancy	$500 Deductible and 20% of Magnacare Allowance	Deductible and 40% of Magnacare Allowance

DEDUCTIBLES AND COINSURANCE

Annual Deductibles	$500 per person	$3,000/Single; $6,000/Family
Coinsurance (Amount Member Pays)	20% of Magnacare Allowance	40% of Magnacare Allowance
Annual Maximum Out of Pocket For any plan year you will not pay more than:	N/A	$13,000/Single; $26,000/Family; including deductible
Annual Benefit Period Maximums	N/A	$500,000
Lifetime Maximums	$250,000 per lifetime	N/A Eliminated

* The year is May 1st to April 30th